Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB No. 2577-0044 (exp. 12/31/99) OMB No. 2577-0157 (exp. 12/31/99)

The public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for gathering the information, completing and reviewing the collection of information, completing HUD forms, and reporting. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) certify to the provisions of a drug-free workplace as a condition of assistance. Responses to the collection are required by the Drug-Free Workplace Act of 1988. The information requested does not lend itself to confidentiality.

HA Name:			
Program/Activity Receiving Federal Grant Funding: (mark one)			
Operating Subsidy Sec.23 Leased Housing	Development CIAP CGP HOPE VI Other (specify)		
If Operating Subsidy or Section 23, enter the HA's FiscalYear Ending date in which funds are expected to be obligated :	If Development , CIAP, CGP, HOPE VI, or Other, enter the Federal Fiscal Year in which the funds are expected to be reserved :		

Acting on behalf of the above named HA as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

- 1. I **certify** that the above named HA will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the HA's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
 - **b.** Establishing a drug-free awareness program to inform employees about the following:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The HA's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 - **c.** Making it a requirement that each employee of the HA be given a copy of the statement required by paragraph a.;
 - **d.** Notifying the employee in the statement required by paragraph a. that, as a condition of employment with the HA, the employee will do the following:

- (1) Abide by the terms of the statement; and
- (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
- **e.** Notifying the HUD Field Office within ten days after receiving notice under subparagraph d. (2) from an employee or otherwise receiving actual notice of such conviction;
- **f.** Taking one of the following actions within 30 days of receiving notice under subparagraph d. (2) with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- **g.** Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2.	Sites for Work Performance.	The HA shall list in the space provided below the site(s) for the performance of work done in connection with the HUD funding of
	the program/activity shown above:	Place of Performance shall include the street address, city, county, State, and zip code. (If more space is needed, attach additional
	$page(s) \ the \ same \ size \ as \ this \ form.$	Identify each sheet with the HA name and address and the program/activity receiving grant funding.)

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name, Title & Signature of Authorized HA Official & Date: